

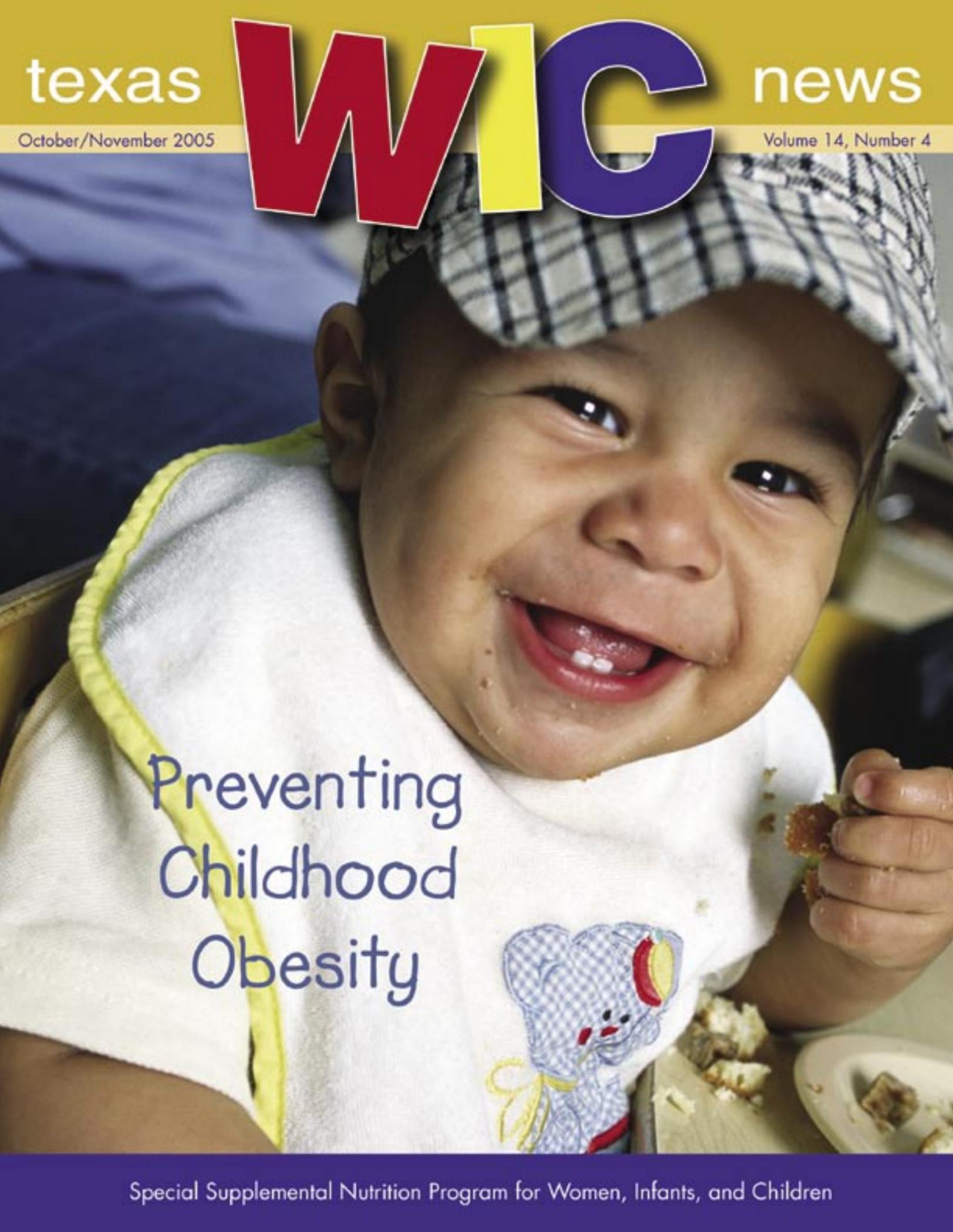
texas

WIC

news

October/November 2005

Volume 14, Number 4



Preventing
Childhood
Obesity

Special Supplemental Nutrition Program for Women, Infants, and Children

from the Texas WIC Director

After several years of developmental work, the Texas WIC Program launched its Electronic Benefits Transfer (EBT) Pilot in El Paso, Texas, on June 1, 2004. Now, this twelve-month pilot has drawn to a close.

Even before the required state and federal pilot evaluation reports were finalized, the Program began making plans for expansion of EBT beyond the pilot counties of El Paso and Hudspeth. These plans were energized by the obvious success of the pilot drawn from the evaluation study and the overwhelming acceptance of the system by clients, clinic staff, and stores as documented by surveys.

Further expansion of the EBT system has been targeted for Grayson County this month and then Collin County as early as February 2006. If EBT operations in these areas go as expected, the system will be further expanded into west and north Texas. At that time, it is likely that

the rollout reaching their area of the state. For grocers, it is especially critical for chain stores that currently have an Electronic Cash Registering system and plan to implement WIC EBT to program their system. For these stores, all software modifications must be completed and the system certified by the State before each individual outlet can be approved for operations. In addition to software modifications, these “fully integrated” system stores must also have their Point of Sale (POS or credit) card readers replaced. The old readers that grocers have in their lanes today only read magnetic stripe cards and not smartcards. The old device must be replaced with a hybrid POS terminal that can read both magnetic stripe and WIC smart cards.

As critical as the grocers’ readiness is to the success of the EBT rollout, it is just as critical that the WIC clinics be thoroughly prepared. Clinics must understand how the WIC EBT system will change their business and make plans accordingly. Loading WIC smart cards with food benefits and getting them into the hands of the proper WIC clients may mean a flow of clients through clinics different than the flow used today in which paper vouchers are printed

and distributed to clients for signature before leaving the clinic. For some clinics, the differences in client flow may be so significant that modifications to the clinic itself, such as moving walls or counters, might be needed. These changes must be anticipated in advance for modifications to the facility to be completed before the start-up date in the clinic’s geographic area. Clinics may need a full year of planning and preparation.

Those of you who attended the June meeting in El Paso already know a lot of what has to be done to implement EBT. We depend on you to help us make this change; for it is only through your efforts that it will be done successfully. This is an exciting time in Texas WIC. Thanks for all your help.

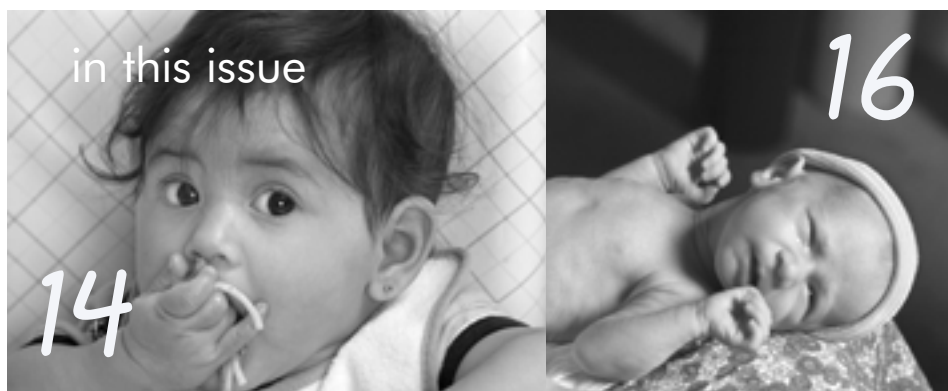
Expansion of the EBT System



by Mike Montgomery
Texas WIC Director

expansion will cease until a new “smarter” smart card called an Integrated Benefits Card (IBC) becomes available from the Health and Human Service Commission. It would be better to invest in the new IBC cards for the major portion of our WIC EBT rollout rather than spend program monies on expensive cards that we know will need replacing in the very near future.

No matter what we do, the ultimate success of the EBT rollout will depend on both the grocers and the WIC clinics preparation prior to



- in this issue
- 2 Expansion of the EBT System
- 4 Working with Parents of Overweight Children: Using Messages that Work
- 6 Pregnancy and Early Childhood: Indicators of Preschool Obesity
- 8 What Do I Say When? A Practical Course for Becoming More Assertive
- 10 New Guidelines for a Healthy Diet
- 11 Local Agency Spotlight: Kudos to El Paso
- 12 Pediatric and Gestational Diabetes: Not What It Used to Be
- 14 Newsworthy Nutrition
- 16 Care of the Very Premature Infant
- 18 New Outreach Materials

Notice to Subscribers: Texas WIC News is available online at <http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>. If you are a current subscriber who would prefer to receive the Texas WIC News online send your email address to WICNewsSubscriptions@dshs.state.tx.us and we will notify you by email as soon as an issue becomes available online.

Texas WIC News (USPS 016-975) is published bimonthly by the Department of State Health Services, 1100 W. 49th Street, Austin, Texas 78756. Subscriptions are free. Periodicals postage paid at Austin, Texas.
POSTMASTER: Send address changes to WICNewsSubscriptions@dshs.state.tx.us or WIC News Subscriptions, Texas WIC News, Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX 78756.

Mike Montgomery
Texas WIC Director

Linda Brumble
Manager
Nutrition Education / Clinic Services Unit

Shari Perrotta
Manager
Publishing, Promotion and Media Services

Mary Van Eck
Manager
Nutrition Education Branch

Patti Fitch
Manager
Clinical Nutrition Branch

Sherry Clark
Publication Coordinator

Clare Wolf
Managing Editor/Designer

Renee Mims
Contributing Editor

Chris Coxwell
Photographer

Brent McMillon, Irma Choate,
Kanokwalee Pusitanun,
Lorise Grimbail, Sharon Hipp
Contributing Designers

Health and Human Services
Printing Services
Printing

Leticia Silva
Subscriptions

WIC Warehouse
DSHS Automation Mailroom
Mailing



Department of State Health Services
Nutrition Services Section
1100 West 49th St., Austin, TX 78756
<http://www.dshs.state.tx.us/wichd/default.shtm>

Comments may be sent to the managing editor at Publishing, Promotion, and Media Services, 1100 W. 49th St., Austin, TX 78756, or by e-mail to WICNewsEditor@dshs.state.tx.us.

In accordance with federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., S.W., Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

working with parents of **Overweight** children: what to say, how to say it, and using messages that work.

by Sherry Clark, M.P.H., R.D., L.D.
Director, Texas WIC Dietetic Internship

In a workshop session at the 2005 Texas WIC Nutrition Conference, Dayle Hayes, M.S., R.D., a private practice dietitian from Montana, discussed new, innovative, and effective ways for WIC nutrition counselors to talk to parents regarding their overweight children.

“It is time to change what we say in counseling – if we do the same things, we will get the same results – the continuing problem of overweight in children and families.”

According to the April 2003 issue of *Journal of the American Medical Association*, “the most compelling problem of the 21st century is to develop strategies to prevent and treat childhood obesity.” WIC nutrition counselors are on the front line to work with parents of preschool children to provide information on “growing healthy families.”

A difficult subject

Most health professionals have difficulty talking to individuals about weight because it is such a sensitive issue. There are many reasons why it is difficult for health counselors to talk about overweight and obesity to parents. Despite the root causes of obesity, society tends to think that it is the fault of the overweight person. Because of this parents of overweight children may feel shame, blame, fear, hopelessness, or anger when this topic comes up. When parents feel like they are being blamed for their children being overweight, they tend to become defensive, shutting down the communication between the counselor and client. In addition, if the individual feels shame, then it becomes more difficult for them to make any changes.

Effective communication

So how can WIC nutrition counselors effectively talk to parents of overweight children? First of all, the counselor must show “acceptance” of the client. Often, it’s not as important what a counselor says to a client



as “how” they say it. One way to comfortably talk to the parent is to take the focus off the weight and instead talk about healthy behaviors. Instead of telling the parent that their child is overweight, you can say “it seems like your child is getting a little ahead of himself in his weight.”

Dealing with feelings

Many times the parents won’t acknowledge that their child has a weight problem or they just don’t want to talk about it due to their own sensitive feelings. In order to take the focus off personal feelings a counselor can say, “we are talking to all parents because there is a growing problem in America regarding childhood obesity.” It is often not helpful to show the parent the growth chart – many people

don’t understand it, and when you show them that the child’s BMI is “off the chart,” it undermines the personal relationship that the counselor is trying to establish with the parent.

Good customer service

Good customer service should always be in the forefront of the WIC counselor’s mind. Counselors can do this by complimenting the parent and being attentive and caring towards their children. It’s important to make the parent feel as good as possible. In order to make the biggest impact on the client, counselors can talk about their own personal struggles with weight. In summary, it’s more important to let the parents know you care than to let them know how much you know. —————●



by Lynn Wild, M.A., R.D.
Nutrition Education Consultant

Pregnancy And Early Childhood: Indicators Of Preschool Obesity



Preventing obesity in Texas starts early, with the pregnant client. At the 2005 Texas WIC Nutrition Breastfeeding Conference, Dr. John Menchaca, from Cook Children's Physician Network in Fort Worth, presented thought-provoking information from studies and experiences designed to increase staff understanding of when and with whom to focus educational efforts.

Many factors influence weight changes. Dr. Menchaca cited studies suggesting the body's programming for weight gain occurs *in utero*, in infancy, and before the age of two. The significance of early weight programming is evident when reviewing studies of people who are at a healthy weight later in life.

The success rate of most weight loss programs for children and adults is measured in single digits. Even the most successful of the programs studied resulted in only a 15-25 percent weight loss for those who completed the program. Any weight loss program is expensive, has high attrition rates, and comes with a high probability of regaining 50 percent or more of lost weight in one or two years. Menchaca cited the following conclusions:

- obese 4 year olds with obese parents were likely to be obese young adults
- obese 11 year olds were likely to become obese young adults regardless of whether or not their parents are obese
- energy intake in the first two years of life predicted future obesity
- a greater rate of weight gain in the first four months of life strongly predicted a greater BMI at 7 years of age

Where to focus education efforts at WIC

Given the poor outcomes from weight loss programs, WIC's education efforts directed toward helping prevent early childhood obesity make the most sense.

Starting with pregnancy, factors strongly associated with childhood and later obesity include:

- maternal obesity
- gestational diabetes
- pre-gestational diabetes
- small for gestational age
- large for gestational age

The types and amounts of food a pregnant or breastfeeding mother consumes will affect her weight, her unborn baby's birth weight and may impact the lifelong food choices that will affect her child's weight over his lifetime. Studies suggest that flavor learning and food preferences that influence food choices may begin in utero. The flavors from the foods the mother eats during pregnancy permeate the amniotic fluid surrounding the fetus. Starting early in the pregnancy, the fetus swallows amniotic fluid and taste the flavors of the foods his mother eats on a regular basis. These will be the flavors he becomes familiar with. A pregnant mother who eats a wide range of healthful foods will initiate her baby's food preferences for healthful foods.

Pregnancy

A pregnant client whose pre-pregnancy BMI exceeds 26 is

Obesity can lead to Type 2 Diabetes

The Centers for Disease Control and Prevention estimates that among children born in the year 2000, half of Hispanics and one-third of Caucasians and African Americans will develop Type 2 diabetes in their lifetimes. The long-term consequences include increased:

- economic costs
- mortality at younger ages
- lifelong morbidity

at high risk for diabetes and postpartum obesity and giving birth to a large for gestational age baby. She needs to know how to make food choices that will provide her baby with the nourishment and energy that will lead to a healthy birth weight. Rather than focusing on weight itself, a WIC educator can combine an understanding of the client's concerns with realistic goal setting to guide her toward healthful eating behaviors. Foods such as fruits, vegetables, nuts, lean meats, low-fat dairy products, and whole grains provide the pregnant woman with a diet rich in nutrients and give her unborn baby exposure to the flavors of healthful foods.

Breastfeeding

Breastfeeding more than eight weeks is associated with a lowered risk for childhood obesity. Obese mothers are more likely to have a poor prolactin response to suckling in the first week postpartum. Pregnant women with pre-pregnancy BMI over 26 may need extra support to overcome initiation difficulties related to late onset of milk production. Without compassionate and skilled support, before and after delivery, she may stop breastfeeding efforts early. Since food flavors also permeate breastmilk, a mother who eats healthful foods and who breastfeeds for a longer time will provide her baby with more opportunities to develop preferences for those foods.

Infancy and childhood

Obesity by the age of two is strongly associated with parental obesity, brief duration of or no breastfeeding, early introduction of solid foods, introduction of sweetened drinks, and excess caloric intake during infancy and

early childhood. Encouraging and supporting mothers to breastfeed longer than two months, to resist introducing solid foods before six months, to respond appropriately to satiety cues, and to offer age-appropriate serving sizes of healthful foods, allows the infant to self-regulate food intake and avoid obesity.

Infants, toddlers and preschoolers can determine how much to eat if caregivers allow and encourage them to do so. Helping caregivers understand the feeding relationship is an important step for families who want to prevent obesity.

Menchaca emphasized that the consumption of sweetened beverages in late infancy and early childhood contributes to obesity. Research found that 44 percent of toddlers aged 19-24 months drank sweetened drinks. Among two and three year olds, those that drank more sweetened drinks per day had higher BMIs.

Families come to WIC with some risk factors that cannot be changed e.g., a high pre-pregnancy BMI or diabetes during a previous pregnancy. It is important for educators to know what behaviors can reduce the risk of childhood obesity so they can focus counseling on healthful behaviors. Counseling effectively about the often-sensitive topic of childhood obesity is critical. In the upcoming months Texas WIC will provide the Fit Kids = Happy Kids teaching tools, the *Zoozoo Take-home Activity* video and training opportunities for developing more skills to help families increase their fitness levels and avoid obesity.

Have you ever been in a situation where you wished you could say what was on your mind to someone, but didn't because you didn't want to hurt anyone's feelings? Well, you are not alone. Help is on the way.

Marian Madonia provided practical and respectful tips for speaking your mind to individuals, parents, clients and co-workers.

Marian believes that people need to be more assertive. Her definition of assertiveness:

“taking care of your wants and needs while respecting the wants and needs of others.”

You come first! You must meet your needs first because others may not and if you don't take care of yourself, who will? You must voice your needs and wants because people cannot read your mind. People may react undesirably to what you have to say because not everyone has the same values.

People value different things and think differently. Not everyone will react to a situation the way you will. You cannot control anyone, much less her reaction. If you do not receive your desired reaction, try another technique until you get the reaction you want. Marian explained Eight Foundations of Assertiveness that will help you become more assertive and get the reaction you want. But first you need to know the following terms:

- Passive — sits back and does nothing.
- Aggressive — gets into the other person's space.
- Passive-aggressive — agrees with the person upfront, but later “gets even.”
- Assertive — takes care of another person with limits.

Marian explains you will not get your needs and wants met by being passive, aggressive or passive-aggressive. You need to be assertive. It takes courage to be assertive. Here are the Eight Foundations of Assertiveness to help you communicate what is on your mind.

Marian Madonia was the closing keynote speaker at the Texas WIC 2005 Nutrition Breastfeeding Conference.



What Do I Say When ?

A Practical Course for Becoming More Assertive

by Anita Ramos, R.D.
Training Specialist IV

1. *Execute an attitude strategy.*

Recognize your rights and the rights of others. Stretch your mind to things that are different. When speaking, use proper words to describe things. Do not make assumptions or perceptions of people; you could be wrong. Do not blame or attack others. Do not use sarcasm or defensiveness when communicating. Always “strive to understand” the person you are speaking to. “Behind difficult people there is a story.”

2. *Who has the Problem?*

Look at the problem and figure out who has the problem. Most of the time the problem is within us, “I have the problem.”

3. *The Control Zone.*

What do you have control over? You cannot control others but you can control what you *think* and *do*.

4. *Belief, Behavior, Results, Reinforce (B2R2).*

We create what we think. So our belief creates our behavior providing a result that reinforces our belief. So, it is the belief (or myth) that must change to alter our behavior, which changes the result and reinforcement. This is the process to change our way of thinking.

5. *Five Choices.*

You always have a choice when you are in a situation you do not like. You may choose to do one of the following.

- a. “Get out” of the situation and stop doing what you were doing to deal with the problem.
- b. “Get by” the situation by getting through your day and not dealing with the problem.
- c. “Get help” with the problem by educating yourself on how to deal with a difficult situation.
- d. “Get on” and let the problem go without proper resolution.

- e. “Get going” to resolve the problem by taking action which involves taking a risk.

6. *Taking a Risk.*

Marian explained the thinking process to help determine if you should take a risk and carry out your action to resolve the problem. First consider, “What would you do if you were guaranteed your action to resolve the problem would not fail? What is the best case/worst case? What is the likelihood of the best case/worst case happening? What would you do? Can you tolerate the outcome? If you can tolerate the outcome, take the risk and carry out your action. If you cannot tolerate the outcome, can you change the variables?” This thinking process can prepare you for what may result from carrying out your actions to resolve a problem.

7. *Ask Questions.*

Asking questions puts you in control of the conversation. There are many types of questions you may use.

- a. Closed-ended questions result in a yes or no response.
- b. Open-ended questions result in informational responses. Marian suggests using “what” and “wow” to get the response you want.
- c. Gentle commands begin with the words “tell me.” This results in informational responses.
- d. Opt out questions are questions that are totally off the subject, “How was your fishing trip?” and will get you away from the topic you are speaking about.
- e. Qualitative questions are questions such as “How is your job going?”
- f. Statement of inquiry is what you use when you want to control the conversation. Turn a statement into a question.
- g. Empathic statements lets the other person know you get it. Use their words when you respond.

(continued on page 10)

What Do I Say When?

(Continued from page 9)

- h. Facilitating statements let the other person know you are listening. You may say “Go on,” “I see,” “Tell me more,” etc.

8. Structuring the Conversation.

This tool will help you get information and results.

- Acknowledge the facts. Re-state something you heard the person say. “What I heard you say ...”.
- Behavior or situation affect on you. This is how the conversation affects you.
- Consequences of your request or goal. This is what happens when you have the conversation.
- Define your request or goal. This is how the conversation will go.
- Effectively negotiate the “how.” Know what you want and know what the other person wants and what is important to him. Know your limits. Be willing to be persistent. Know when to walk away. Don’t take it personally.

Marian summarized her presentation by reminding us that we only control ourselves and not others. We need to take care of ourselves by getting our needs and wants met. Remember to be respectful to the person to whom you are speaking. Using the Eight Foundations of Assertiveness can assist us in becoming more assertive in our communication to get what we want while respecting others in the process. If you cannot get what you need from another person, you may need to accept the person for who they are and go on with your life. “Some people just don’t ever get it.”

New Guidelines for a Healthy Diet

by Alexa George, Intern, University of Tennessee
Nutrition Education and Clinical Services Unit

Every five years the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (DHHS) publish jointly *Dietary Guidelines for Americans*. The *Dietary Guidelines* advise people two years and older about how to make healthy diet choices. These new *Dietary Guidelines* encourage smart food choices and physical activity to balance calories eaten with calories burned. Smart food choices, which provide the most nutrients for the calories, include:

- Fruits and vegetables
- Whole grains
- Fat-free or low-fat dairy products
- Lean meats and poultry, fish, beans, eggs, and nuts
- Limiting saturated and *trans* fats, cholesterol, salt, and added sugars.

The 2005 *Dietary Guidelines for Americans* are available online at <http://www.healthierus.gov/dietaryguidelines/>. The 2005 *Dietary Guidelines* Web site also contains a link to a brochure about how to make healthier choices to achieve a healthier life.

Remember the Food Guide Pyramid?

After 13 years, the USDA’s Food Guide Pyramid received a facelift. The new MyPyramid, which



replaces the one-size-fits-all Food Guide Pyramid, is designed so that individuals can customize it. MyPyramid is based on the 2005 *Dietary Guidelines for Americans*, released by the USDA and the DHHS. Another version of MyPyramid is being developed for children age six to eleven.

MyPyramid encourages individuals to build a healthy diet using the *Dietary Guidelines* and to be physically active every day. MyPyramid consist of several vertical bands of color each standing for a different food group. The bands are thinner at the top and wider at the bottom showing that different people need different amounts of food. The new MyPyramid Web site <http://www.mypyramid.gov> allows individuals to customize the recommendations and get individualized advice about the kinds and amounts of food to eat.



WIC Wellness REALLY Works!

In 2003, WIC staff showed a strong interest in worksite wellness through an evaluation conducted by The University of Texas at Austin. As a result, WIC Wellness Works was offered as a two-year pilot program in 10 local WIC agencies. Participants received monthly materials focusing on three aspects of health (physical activity, eating, and stress management). They tracked their physical activity by wearing a pedometer. Volunteer clinic coordinators organized healthy lunches, set up walking groups, encouraged employees to bring fruits and vegetables to work, and brought in outside experts to lead discussions on health related topics.

Key results from the pilot program:

Participants completed questionnaires before and after the first year of the program. They reported:

- increased servings of fruit and vegetables;
- increased walking and moderate physical activity;
- increased counseling with clients about physical activity and stress management; and
- strengthened skills to achieve a healthier lifestyle.

In 2006, WIC Wellness Works will be offered to WIC staff statewide. Evaluations from the pilot will be used to design the program.

Beginning with this issue, Texas WIC News will debut a four-page insert featuring information, tips, and ideas on physical activity, healthy eating, and stress management. This month WWW focuses on ideas for everyday life and a recipe for baked apples.

IDL WIC WELLNESS BREAKS!

Need to get re-energized once a month? Join The University of Texas Wellness Team and tune in the last Monday of each month at 12:15 p.m. for a 15-20 minute wellness break on the WIC IDL system. You will learn helpful information about healthy eating, physical activity, and stress management.

Wellness...a journey



WIC Wellness Works Success Story

Jessica Sanchez,
Oletha Preston and
Noemi Ramirez



Terrell Measures Their Success

A successful wellness program can lead to many healthy changes including reduced blood pressure, lower cholesterol, weight loss, increased energy, and better sleep. The WIC Wellness Works program focuses on increasing physical activity, healthy eating, and stress management.

Angie Jenkins, former wellness coordinator from Terrell WIC, tells how the group from the Terrell clinics combined the WIC Wellness Works program with a local community exercise program. Angie feels it was the support and encouragement received from the group exercise program in combination with the WIC Worksite Wellness program that made the difference, "That's what helped us to be so successful."

Eleven participants joined the local exercise program, each attending 2-5 times a week. Several agreed, "It's the encouragement from the (local exercise program) staff that makes the difference." Some participants enjoyed being able to work out on their lunch hour, while others simply went because they were hooked on how good the physical activity made them feel. Linda De Frank, the Waxahachie assistant director, joined the program as a way to increase her strength and muscle tone.

The participants discussed how "working out" increased their self-esteem. Carolina Gonzalez said, "... exercising made me feel better about myself...I lost 12 pounds and feel more energetic." The weight loss encouraged everyone to keep going. Participants Carmen Villafuerte, Delia Servin, and Paula Lasos lost weight while working out to firm up. Delia Servin says, "I've gained a new sense of confidence in myself." Nearly everyone has lost weight and is excited to see the healthy changes taking place in their clinics. Delia Casarez works out four days a week. When Delia started she was a size 14, now she is a size 8!

WIC Wellness Works!



Steppin' Stars II Walk at the Park: front: Linda DeFrank, Carolina Gonzalez, Linda Self and Paula Lasos



Steppin' Stars II Walk at the Park: Delia Casarez leading the group of 33! Staff from Waxahachie, Cleburne, Ennis, Kaufman & Terrell

Wellness...a journey



Small changes - big results!!!!

In nearly every area, wellness program participants talked about feeling more confident in their ability to make a change:

“....made me feel better about myself!”

“Fruits and vegetables are part of my daily life, thanks to the wellness program.”

“WIC is trying to help its employees have a healthier lifestyle.”

“Improved health of all staff has made this a great experience.”

“...bringing healthy snacks.”

“...using a Taebo video on my lunch hour.”

“...got me off the couch!!!”

Healthy Fall Cooking

BAKED APPLES

- 4 Rome, Granny Smith, Gala, or Empire apples, cored and tops sliced off
- $\frac{1}{4}$ cup brown sugar
- 1 tablespoon lemon juice
- $\frac{1}{2}$ cup raisins
- 1 teaspoon lemon zest (finely grated lemon peel)
- 3 tablespoons chopped walnuts or pecans
- $\frac{1}{2}$ cup apple cider or apple juice
- 1 teaspoon cinnamon

- **Preheat oven to 350 degrees.**
- **In a bowl combine raisins, nuts, cinnamon, brown sugar, lemon juice and zest.**
- **Stuff apples with mixture and place in small baking dish.**
- **Add $\frac{1}{2}$ cup cider or juice and bake for 30-45 minutes or until tender.**

Nutrition Facts

Serving Size: 1 apple

Amount per serving:

- Calories: 195
- Percent calories from fat: 18%
- > Total Fat: 3.9 g
- > Saturated fat: 0.4 g

- Total Carbohydrate: 43 g
- > Dietary Fiber: 5 g
- Total Protein: 0.7 g
- Cholesterol: 0 mg
- Sodium: 44 mg





Staying Healthy During Fall

As fall turns to winter and the holidays approach, set aside time for your health. Below are some healthy ideas to incorporate into your everyday life.



Eating Healthy Tips

Take your family to visit a farmer's market.

Pick two fall vegetables and find ways to cook them:

squash, zucchini, beets, peas, brussels sprouts, potatoes, peppers, beans, pumpkin, cucumber, eggplant, cabbage, broccoli, spinach, lima beans, turnip greens

Feed your kids before they trick or treat. If they have a full tummy, they are less likely to eat too many sweets. To avoid indulging in their sugary loot, give them sugarless gum.

Consider handing out non-food treats such as pencils, rubber spiders, and stickers.



Physical Activity Tips

Make sure you are stretching at the end of your workout to avoid muscle soreness and injuries.

Pick a new walking route near your office or home.

This month try one new activity or one you haven't done in a while: biking, jumping rope, aerobic dancing, swimming, tennis, badminton, weight lifting, pilates, roller blading, tai chi.

Make a list of the benefits of being active and post it at work or on the fridge at home. Read it often to stay motivated.

Get a stretch band to start a strength- training program.



Personal Time Tips

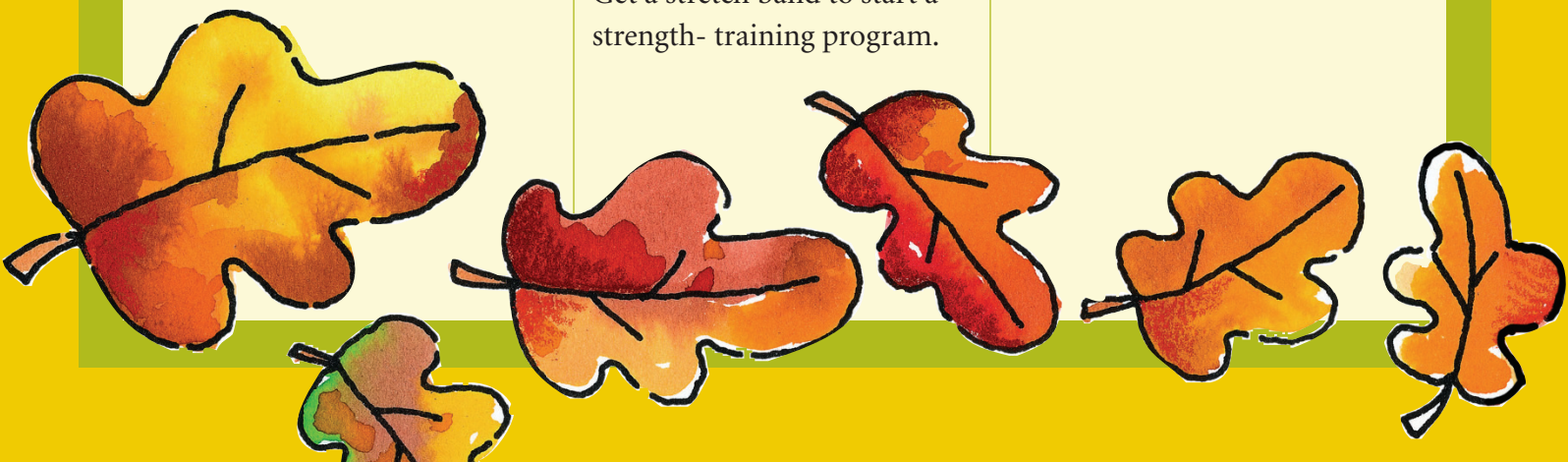
Practice deep breathing once a day to clear your head and your lungs.

Declare one night a week free from the TV and computer. Enjoy the time with your partner, read a book, or listen to your favorite music.

Listen to a comedy tape or CD to lift your spirits.

Spread your holiday shopping and buy some gifts this month.

Buy or borrow from your local library tapes or CDs with nature sounds on them. A quiet rainstorm or the sounds of waves breaking on a beach can soothe away the day's stress.



Local Agency Spotlight

by Clare Wolf

Kudos to El Paso, the first city to roll out the long awaited WIC Electronic Benefits Transfer system! It has been a year since the summer of 2004 when WIC implemented the new EBT system at Local Agency 28, Centro de Salud Familiar La Fe and Local Agency 33, the El Paso City-County Health & Environmental District. Staff from the State Agency in Austin made the trip to EL Paso for the big event. They were there to observe and to help out if needed. WIC clients got their cards and the vendors were equipped to accept them. Everything went as expected. Bertha Amaya, M.B.A., WIC Program Manager of the El Paso City County Health District, remembers the cooperative effort, "Everyone from the local and state agency staff worked side by side to ensure the success of the project."

It took a lot of work and planning to ensure success. Preparation at the local agencies started nine months earlier, as staff began changing schedules and working with everyone in an effort to get those involved to embrace the project and become experts of the new system. During the months prior to implementation WIC staff informed clients of the upcoming changes and handed out materials developed by state staff. Bertha appreciates her staff's commitment to the success of the project. "Many staff were extremely accommodating and changed their summer vacations to ensure they were available for the training and project implementation. In the first few weeks of the project some staffers were working until 6 or 6:30 with others working six days to ensure the project was a success."

State and local staff worked to identify possible issues and to find ways to address them ahead of time. One concern involved the PIN numbers. Bertha recalls, "We were not sure the clients would understand the concept of PIN numbers since data was showing many of our clients were not using credit/debit cards. To our surprise they were able to come up with PIN numbers and the process went smoothly."

The summer of 2004 has come and gone, and today Bertha remembers the effort made by her staff to get the project started and how it took three months after implementation to get every client converted and things back to normal.

What does she see as the advantage of the new system to her agency? For one thing, no more printing, voiding or reconciling of vouchers. The new system offers a greater opportunity for staff to interact with the client and provide excellent customer service. Another benefit to the system is the interaction between the centralized appointment center and the clinics. Appointments and Quick Intake information are transmitted to the clinics within ten minutes. This saves the clinic's staff time from having to re-enter information into the system. Client transfers also occur faster.

The new system also is a huge advantage for the client. The client handles only one card instead of many vouchers. The card not only contains the benefits for the family but is also used as her WIC identification card. The client can shop for the benefits as often as she wishes during the month instead of purchasing all the food items at once. Furthermore, other members in the family can shop as long as the food card recipient provides them with their card and PIN number. Finally, if the client reports the card lost, often the card and benefits remaining on the card can be replaced.

EBT is scheduled to roll out in Grayson, WIC Local Agency #10 and Collin, WIC Local Agency #71 in the near future. In the mean time, El Paso take a bow for a job well done!

Bertha Amaya is the WIC Program Manager of the El Paso City County Health District.



Kudos to El Paso!

Pediatric And Gestational

**by Elaine Goodson, M.A., R.D.
Nutrition Education Consultant**

Aimee Wauters, M.S., R.D., L.D., C.D.E., from The University of Texas Health Science Center in San Antonio, gave a four-hour presentation on diabetes and counseling diabetics. Here are highlights of her presentation.

Each person is unique

People are very different in their blood sugar responses to food. Several factors that affect a diabetic's response to food include the type of insulin used, when foods are eaten, portion sizes, and exercise. The goal of diabetes counseling by a registered dietitian is to individualize meal patterns for each person with diabetes.

The types of insulin and their use

Glargine (Lantus) insulin is insulin with no peak time of action. Its duration of action is about 24 hours. It is commonly given before bedtime, lasting throughout the night and into the next day. It works as a baseline insulin somewhat like the normal basal insulin in a person without diabetes.

Ultralente is a very long lasting insulin that is not used as often as other types of insulin such as quick-acting insulins. Like Glargine, Ultralente is usually given just before bedtime.

Quick acting insulins (Lispro and Aspart) are also known as analog insulins. Usually given immediately before each meal, they start working and peak much faster than other insulins. Insulin dosage is usually proportionate to the amount of carbohydrates in each meal and to individual insulin sensitivity. Since the dose works so quickly and can be matched to the food intake, quick-acting insulins allow people more flexibility in what and when they eat.

Regular insulin has a somewhat longer onset, peak and duration than quick-acting insulins. NPH and Lente are both intermediate action insulins. They start working and peak later than Regular insulin. NPH insulin can be mixed with either Regular insulin or Lispro. The insulin can be mixed to order by the client or purchased already premixed. With premixed insulin, the rations are preset and cannot be changed to meet an individual's needs.



Diabetes:

Not What It Used to Be

*Update on Diabetes
at the 2005 Nutrition
and Breastfeeding
Conference*



A typical use of Regular and NPH insulin would be to give a mixture of the two before breakfast. Because of different peak times, this injection would cover post-meal blood sugar increases after both breakfast and lunch. Then one injection of mixed Regular and NPH insulin can be taken before dinner, which will cover the diabetic's insulin needs until breakfast the next day. Or, Regular insulin can be taken before dinner and NPH at bedtime.

Discussing Food with Clients

The presentation included ways to present information about food to clients on a diabetic diet and tips on counseling people with diabetes:

- Do not describe carbohydrates as simple and complex. Discuss them with clients as sugars, starch and fiber. This will better reflect how the body uses them and how people will think about carbohydrate foods on a healthy diet.
- Avoid talking about “dairy products” while counseling people with diabetes. Talk about milk and yogurt, which are listed as dairy on diabetic diets. Cheese is not listed with them. It is a protein source like meats. People are confused when milk, cheese and yogurt are grouped together in discussions of food on diabetic diets.
- Portions of raw fruits such as oranges or apples are the size of a tennis ball. If a raw fruit is as big as a soft ball, people can eat half of it.
- Tell people to “eat food the way it grows.” When cheese sauce is added to broccoli both calories and fat are increased. Telling clients to keep foods in their “natural” state is one way to help them stay on their healthy meal pattern.
- Fruit juice and sodas are such a concentrated source of sugar that people with diabetes should avoid both.
- Adults can eat up to 10 g of sugar alcohols such as sorbitol a day without having gastrointestinal symptoms. Some of the nutrition bars now on the market have up to 20 grams of sugar alcohols in one bar. Eating more than 10 grams of sugar alcohols per day can cause stomach problems.
- One to four-year olds with diabetes often have unpredictable eating habits. In this population, quick acting insulin can be very useful for controlling blood sugar levels. The children can eat what they want, carbohydrates can be counted immediately after the food is eaten, and a shot of quick-acting insulin can be administered.
- As children reach about five or six years of age, they can learn to commit to eating a certain amount of carbohydrates so that insulin can be administered before meals. As children get older, blood sugar control is easier to maintain when insulin is given before mealtimes.

For additional information on counseling people with diabetes check out the slides from Aimee Wauters's Pediatric and Gestational Diabetes presentation online at the WIC Conference Web site <http://www.wicconference.com>.

Newsworthy Nutrition

by Alexa George, Intern, University of Tennessee
Nutrition Education and Clinical Services Unit

Children's Regulation of Food Intake

A number of studies have been conducted to determine whether children are able to adjust the amount of food they eat according to their needs. Until recently, evidence suggested that children do in fact eat smaller amounts of high-calorie foods or eat fewer calories if they had eaten more than normal at an earlier meal or in days previous. Therefore, it has been suggested that parents allow children to regulate their own intake, deciding how much food their bodies need.

However, a new study recently yielded conflicting evidence. Two Cornell researchers analyzed the diets of 16 preschoolers both at home and in childcare centers. They found that the strongest influence on the number of calories children consumed was determined by the amount of food the children were served—not the number of calories they had previously eaten. This would suggest that children's regulation of food and calorie intake is similar to adults. Earlier studies with contrary results were performed in laboratories rather than real-life situations, which could have impacted their outcomes. More real-life studies should be completed to further study the regulation of food in children.

WIC Bottom Line: To help foster a healthy relationship with food and appropriate hunger and

fullness cues, adults should allow children to control the amount of food they eat. We should counsel our clients, though, to serve their children amounts of food that are appropriate for their age, size, and activity level.

Source:
Mrdjenovic, G. and D.A. Levitsky.
2005. Children eat what they are served: The imprecise regulation of energy intake. *Appetite*. 44: 273-282.

Pregnancy And Food Choices—Mood Matters

Ice cream and pickles, peanut butter and potato chips...

pregnancy can affect the food choices a woman makes. Diet selections that a woman makes during and after pregnancy are influenced by more than cravings. Recently, two studies looked at the relationship between food choices and the emotions of pregnant women and new mothers. Johns Hopkins researchers compared the diets of more than 100 pregnant women to the recommended Dietary Guidelines for Americans. They measured the women's emotional state by testing for anxiety, depression, anger, fatigue, stress, and level of social support. The researchers found that the level of fatigue, stress and anxiety



"...the strongest influence on the number of calories children consumed was determined by the amount of food the children were served..."

of the women had an effect on the food choices they made. In this study, women who reported being fatigued and under stress ate more total calories. Those who were fatigued reported consuming foods with less folate while those who were anxious ate foods with less vitamin C. When the researchers looked at specific food groups that were eaten, women who reported stress ate more bread, fatty, and sweet foods, while those with anxiety ate more fatty and sweet foods.

Researchers at The University of Texas at Austin wanted to determine if psychosocial traits impacted diet choices made by women after pregnancy. They analyzed the food choices of more than 150 low-income women who gave birth within the last year and compared their diets to the recommended Dietary Guidelines for Americans. In addition, the researchers measured the women's level of self-care, weight-related distress, depression, body image, social support, and feelings about weight loss to see if these factors affected whether or not they met the Dietary Guidelines for Americans. Though the majority of the women did not meet diet recommendations, those who scored lowest in self-care, weight distress, stress, depression and perceived weight-loss barriers also had the lowest levels of dietary compliance.

WIC Bottom Line: WIC clients may have higher levels of stress and anxiety during and after pregnancy, which can affect their food choices. When counseling our clients, it is important to emphasize healthy foods based on the Dietary Guidelines for Americans.

Sources:
George, G.C., et al. 2005. Compliance

with dietary guidelines and relationship to psychosocial factors in low-income women in late postpartum. *J. Am. Diet. Assoc.* 105: 916-26.
Hurley, K.M., et al. 2005. Psychosocial influences in dietary patterns during pregnancy. *J. Am. Diet. Assoc.* 105: 963-6.

Prenatal Influences on Obesity

Though weight has always been an important issue for those involved in public health, current rates of overweight and obesity are rising so quickly that weight is receiving more attention than ever before. Childhood obesity is of particular concern and many researchers have been trying to determine factors that may contribute to overweight children. One period of the growth cycle that is being studied is the prenatal time period, or the time before a baby is born. The nutrients that a fetus receives are dependent upon the diet and nutritional status of the mother. Before a child is born, he goes through critical stages of development that affect, among other things, his likelihood of becoming overweight or obese later in life. Some researchers think that if a fetus' nutrient stores are compromised, his metabolism is affected. Studies have shown that women who were pregnant and had nutrient deficiencies during a famine gave birth to children who tended to be obese as they aged. This suggests that the eventual "set point for energy regulation" is affected by the nutrients provided during the first trimester. In addition to causing other health concerns, low birth weight infants

also have an increased risk of becoming obese. Children who grow poorly as fetuses and infants tend to grow into adults who have higher waist-hip ratios than normal-growth infants. This may indicate that growth in early life is associated with the tendency to store weight in the trunk area later in life. Abdomen, or trunk fat is considered to be more dangerous than fat stored in other areas of the body. It has been connected to a greater risk of the development of diseases such as heart disease and diabetes. Therefore, it is important for fetuses to grow appropriately before birth. Babies who are born to diabetic mothers also show a greater risk of being obese. Therefore, preventing the development of gestational diabetes may be important for the baby as well as the mother's health. Finally, mothers who consumed low levels of protein while pregnant (six percent of calories versus twenty percent of calories) had babies who showed a greater tendency to be overweight.

WIC Bottom Line: We already know a number of reasons to encourage our pregnant clients to have healthy diets. It now appears that the future weight of a child may be affected by the nutrients his mother provides while she is pregnant. Therefore, it is important to continue to counsel our clients on the importance of healthy diets for healthy babies.

Source:
Raman R.P. 2002. Obesity and health risks. *J. Am. College of Nutr.* 21: 134S-39S.

Notice to Subscribers:

Texas WIC News is available online at
<http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>.

If you are a current subscriber who would prefer to receive the Texas WIC News online send your email address to
WICNewsSubscriptions@dshs.state.tx.us and we will notify you by email as soon as an issue becomes available online.



Care of the Very Premature Infant

by Roxanne Konze Robison, R.D., L.D.
Children with Special Health Care Needs Nutrition Consultant

Every day more than 1,300 infants in the United States are born prematurely. An average of 1,497 infants are born *very premature* (defined as completing less than 32 weeks gestation) each week in the United States. Many of these infants will receive WIC benefits and services. This article explains some of the care that very premature babies may receive in the special care nursery and after hospital discharge.

At birth, the very premature infant weighs less than three pounds, sometimes much less, and has thin, red skin and very little fat. Their internal organs are perfectly formed but are too immature to fully function. They are kept in a warmer, a bed that keeps the baby warm by heating the surrounding air. These beds are open so that the baby can easily be reached and cared for. Once the baby's breathing rate is okay, they are placed in a heated isolette. Babies grow better when they are warm and don't have to expend energy maintaining a proper body temperature. Once the baby is able to maintain his temperature, usually when he weighs about 4 pounds, he is placed in an open crib.

Monitors

All babies are attached to a heart and respiratory monitor while they are in the special care nursery. These monitors sound an alarm if there is a change in the baby's heart or breathing rate that alerts staff to immediately check the infant. The baby is also attached to a *pulse oximeter*, which records the oxygen level in the baby's skin. In addition, there

are temperature alarms for the warming beds and isolettes.

Lung Problems

Breathing problems are common with premature infants. *Respiratory distress syndrome* (RDS) is a common condition caused by the baby not having

surfactant, a substance that helps the lungs open when we breathe. Babies with RDS need oxygen delivered through a respirator, usually for 5 to 7 days. They are also given artificial surfactant until the lungs start to make their own. Some very premature babies develop chronic lung problems such as bronchopulmonary dysplasia (BPD), which is caused from inflammation of the lungs caused by RDS, oxygen, and respirators. A baby who develops chronic lung disease may need extra oxygen for weeks to months. Sometimes a baby's lungs will fill with fluid, in which case he is given diuretics to get rid of the extra water. Steroids may also be given to reduce inflammation.

Some babies go home on *apnea monitors*. "Apnea" means to stop breathing and occurs due to the immature brain. Apnea monitors alert the caregiver when the baby stops breathing. The baby may also be given a drug, such as *caffeine*, to stimulate breathing.

During the first year, or two, after discharge, premature infants with a history of chronic lung disease are at high risk for getting RSV (respiratory syncytial virus). RSV is a highly contagious virus that, in children older than 3 years of age, looks like the common cold. But, in infants born prematurely or those who have had chronic lung disease, it can cause severe symptoms such as bronchitis and pneumonia. *Synagis* is a drug given by monthly injection during the cold months to help prevent the baby from getting RSV.

It is highly recommended that the premature infant at risk for contracting RSV not be taken to daycare or other places where RSV can be easily spread. The WIC clinic is one place to be avoided. *Certification policy CS 0.40* describes how an exception to the physical presence policy for certification and subsequent certifications can be granted by having the caregiver sign a *physical presence waiver* and the SIF form.

Fortunately, most children outgrow lung problems while others may continue to have a tendency to develop infections. With each passing year, the risk of infection becomes less and less a threat.

Feedings

Getting infants to grow is the most important factor in outgrowing the problems of being born prematurely. The baby's intestinal tract and ability to feed are, at first, immature. The ability to suck and swallow does not happen until at least 32 weeks gestation. So, all very premature babies need to be fed through a vein and/or a tube. When the baby's intestines are ready, milk feedings will begin by passing a tube through

the mouth or nose and into the stomach. Milk is given in very small amounts through the tube and many stops and starts are likely. This is necessary to prevent a serious intestinal infection called *necrotizing enterocolitis* (NEC). When this life-threatening condition occurs, it may take 7-10 days on antibiotics before feedings can start again, if surgery is not required.

Breast milk is especially important for premature infants since it is easily digested and contains factors that may protect against infection. When the baby is strong enough and breathing is coordinated, bottle or breastfeeding can be started. Even after the baby has been sent home, it may be several weeks or months before the baby is able to receive all feedings by breast or bottle. WIC can be an important resource to help provide lactation consultation and, if needed, formula designed for the premature infant. —————●



Starting With Numbers

In just two years WIC's caseload has grown from 835,000 in June 2003 to 890,000 in May 2005. This is a 6.5 percent increase in caseload. Amazingly, this significant increase occurred during a time when the state suspended summertime, statewide radio and TV campaigns for the WIC program. So, you might think:

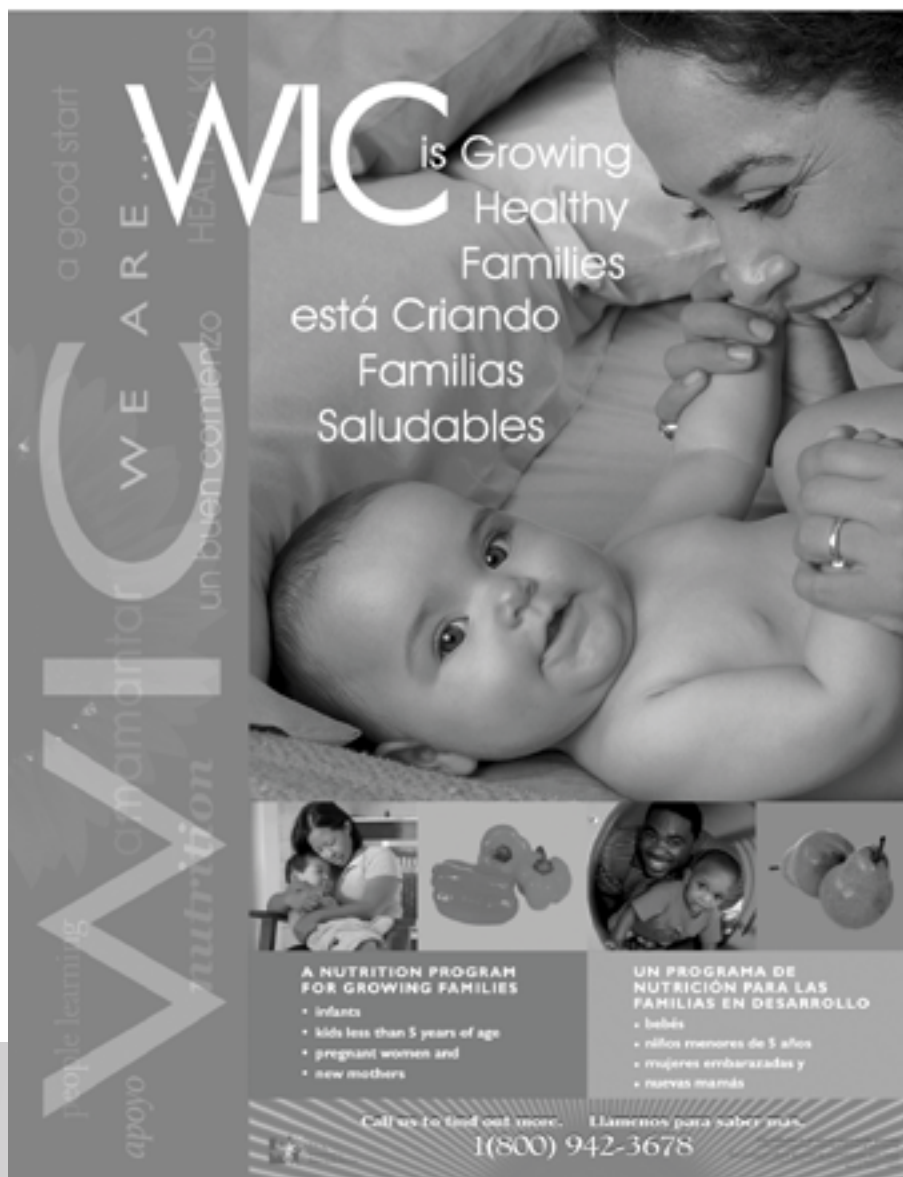
Why do we need to be doing outreach when our caseload continues to climb so dramatically with limited outreach activities?

When we talk about WIC outreach the focus is often on numbers. However, there are other important outreach components that have nothing to do with caseload or numbers. For example:

- Reaching out to your community's health and social services providers to make sure they know what services WIC provides and how to make referrals
- Strengthening relationships with community organizations that work with women of childbearing age and young children
- Building WIC's public image in your community through knowledge and appreciation of the program

Marketing the WIC Program

These outreach components involve "marketing" the WIC Program to your community. They increase WIC's profile and respect in your area. Some people may not immediately need your services, but by building WIC's image you increase the chance that when they need your services or meet



New Outreach Materials

—more than numbers

by Shellie Shores, R.D.
Nutrition Education Consultant

someone who does, they will think of WIC. This form of marketing is similar to campaigns seen on TV. For example, you may not be in the market for a new car, but because of the ongoing marketing that car companies do, you will probably have a good idea of what you want to buy once you're ready. So, think of WIC outreach during this time of growth as an effort to build a solid reputation and image for the program.

Use the New Materials to Strengthen Your Outreach

This year the state office developed an outreach video and redesigned the WIC outreach poster and pamphlet. The new materials have an up-to-date, cohesive look that provides information about *what WIC is* and *what WIC does*. Use these materials in your outreach and marketing efforts.

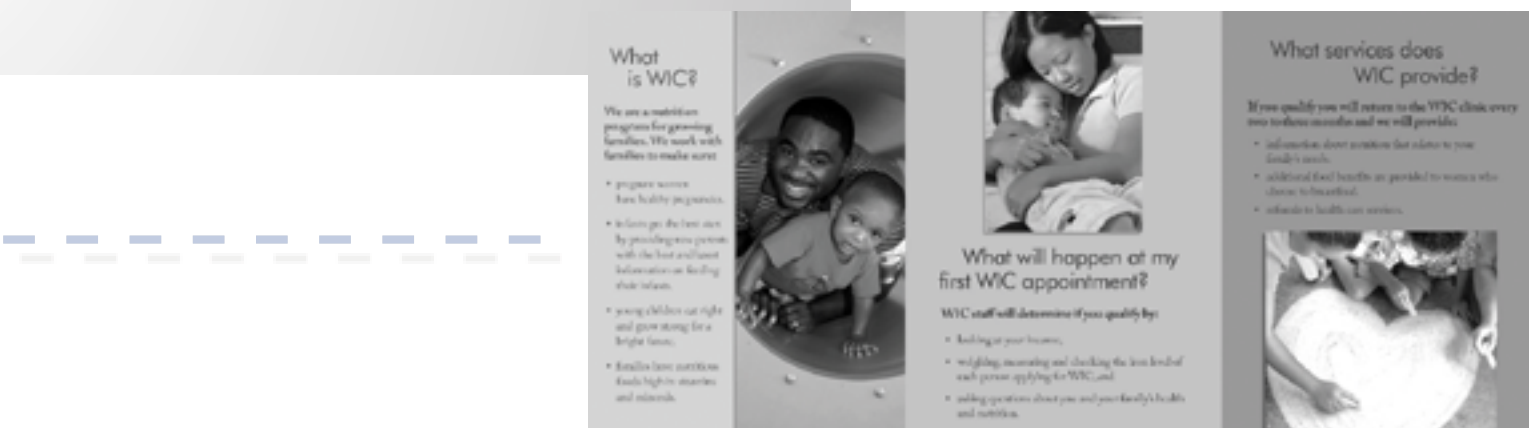
New Outreach Materials


- **WIC Outreach Video: Growing Healthy Families** - stock# VC7809
This ten-minute, bilingual looping video with colorful images and catchy, upbeat music will grab people's attention at community events, health fairs, and other public events or presentations. The video has several short segments that repeat very general information about the WIC program. Use the video in conjunction with the new outreach pamphlet or have a WIC employee nearby to answer questions and provide more detailed information about the WIC Program.
- **Bilingual poster** - stock# 13-45 (small) & 13-45P (large)
Images and colors from the video are repeated in the poster. The poster is available in an 8 ½" x 11" format and a larger 18" x 24" format. The poster lists the categories of participants WIC serves and provides the WIC 1-800 phone number. With permission, these posters could be placed in pediatricians' offices, at Head Start locations, in daycares, or anywhere WIC-eligible people will see them.
- **Tri-fold pamphlets** - stock# 13-92 (English) & 13-92A (Spanish)
The pamphlet provides detailed information about the WIC program. As with the poster, the pamphlet can be placed in locations where potentially eligible people will see them.



Ordering Information

The *Texas WIC Materials Order Form* is available online at <http://www.dshs.state.tx.us/wichd/nut/edu-nut.shtm> or you can call the Publications Coordinator at 1 (512) 458-7445.





coming soon...

Emerging Issues In WIC

Notice to Subscribers:

Texas WIC News is available online at
<http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>.
If you are a current subscriber who would prefer to receive the
Texas WIC News online, send your email address to
WICNewsSubscriptions@dshs.state.tx.us and we will notify you
by email as soon as an issue becomes available online.

Texas WIC News is now available on the Texas WIC Web site!
<http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>

For information about subscriptions to Texas WIC News, e-mail WICNewsSubscriptions@dshs.state.tx.us or call (512) 341-4400, ext. 2258.



WIC, Nutrition Services Section
Department of State Health Services
1100 W. 49th St.
Austin, TX 78756

PERIODICALS

ADDRESS SERVICE REQUESTED